

# INORGANIC ANALYSES

Form: 3300-219  
Rev: 10/05

## (ENCLOSE FORM WHEN SENDING SAMPLE TO LAB)

### Section I: To be completed by the Department of Natural Resources/SAMPLER

System Name: \_\_\_\_\_ City: \_\_\_\_\_

Pws Id#: \_\_\_\_\_ County: \_\_\_\_\_ Region Code: \_\_\_\_\_ System Type: (Check one) MC\_\_\_\_ NN\_\_\_\_ OC\_\_\_\_ TN\_\_\_\_

Entry Point ID \_\_\_\_\_ WI Unique Well No: \_\_\_\_\_ DNR Contact: \_\_\_\_\_

Sampler Phone/Name/Address (Notify DNR Contact of Corrections)	<b>Sampler</b> If the laboratory has the ability to fax or e-mail results to you and you would like the lab to do that, please provide the appropriate information (leave blank if you prefer a paper copy):  Fax number: _____  E-mail: _____
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#### Sample Source:

\_\_\_\_ W Well  
\_\_\_\_ E Entry Point  
\_\_\_\_ D Distribution Sample

#### Sample Type:

\_\_\_\_ D (SDWA) Compliance Sample  
\_\_\_\_ C (SDWA) Confirmation Sample  
\_\_\_\_ I Investigation Sample  
\_\_\_\_ W Raw Water Sample

Special Instructions: \_\_\_\_\_

Collect sample between: \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section II: To be completed by SAMPLER

Sample Collection Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ : \_\_\_\_ ☐ a.m. ☐ p.m.

Address where sample was collected: \_\_\_\_\_

Sample Point Description: \_\_\_\_\_

First Initial and

Last Name of Sampler: \_\_\_\_ - \_\_\_\_\_

### Section III: To be completed by LAB. Report test results on back for PWS and electronically to DNR within 10 days per NR 809.80

☐ Check here if some or all of the parameters were analyzed by a subcontracted lab.

**NOTE:** A separate form must be completed by each lab with data for only the parameters which that lab analyzed.

Laboratory ID Number: \_\_\_\_\_ Laboratory Name: \_\_\_\_\_

Date Sample Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Sample Received: \_\_\_\_ : \_\_\_\_ Laboratory Sample ID: \_\_\_\_\_

Signature of Receiving Lab Official: \_\_\_\_\_ Date Reported to PWS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Condition of Sample Upon Receipt: \_\_\_\_\_

Notice: This form must be submitted with laboratory samples analyzed to determine compliance with ch. NR 809, Wis. Adm. Code, Safe Drinking Water. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is a violation punishable by a forfeiture of no less than \$10 nor more than \$5000, or by a fine of not less than \$10 nor more than \$100 or imprisonment of not less than 30 days, or both. Each day of continued violation is a separate offense (ss. 144.99, Wis. Stats.). Authorization for these requirement is under s. 280.13(d), Wis. Stats. and ch. NR 809.80. Personally identifiable information on this form will be used for no other purpose.

This page to be completed by the laboratory performing analysis.

PWS ID: \_\_\_\_\_

Lab Sample ID: \_\_\_\_\_

Storet Code	Parameter	SDWA Method	MDL	Results	MCL	Units
410	ALKALINITY TOTAL CaCO3					MG/L
1105	ALUMINUM TOTAL					MG/L
1097	ANTIMONY TOTAL				0.006	MG/L
34225	ASBESTOS				7 Mill	FIB/L
1007	BARIUM TOTAL				2	MG/L
1012	BERYLLIUM TOTAL				0.004	MG/L
1027	CADMIUM TOTAL				0.005	MG/L
916	CALCIUM TOTAL					MG/L
940	CHLORIDE					MG/L
50060	CHLORINE TOTAL RESIDUAL					MG/L
1034	CHROMIUM TOTAL				0.1	MG/L
80	COLOR					MG/L
1042	COPPER TOTAL					UG/L
720	CYANIDE				0.2	MG/L
951	FLUORIDE TOTAL				4	MG/L
900	HARDNESS TOTAL CaCO3					MG/L
74010	IRON					MG/L
1051	LEAD TOTAL					UG/L
927	MAGNESIUM TOTAL					MG/L
1055	MANGANESE					MG/L
71900	MERCURY TOTAL				0.002	MG/L
1067	NICKEL TOTAL				0.1	MG/L
620	NITRATE AS N				10	MG/L
630	NITRATE+NITRITE				10	MG/L
615	NITRITE (NO2-N) TOTAL				1	MG/L
403	PH LAB					
500	SOLIDS, TOTAL					MG/L
1147	SELENIUM TOTAL				0.05	MG/L
1077	SILVER TOTAL					MG/L
929	SODIUM TOTAL					MG/L
945	SULFATE TOTAL					MG/L
1059	THALLIUM TOTAL				0.002	MG/L
1092	ZINC TOTAL					MG/L

\* Health Advisory

Approved By    QA Officer: \_\_\_\_\_    Date: \_\_\_\_\_

Laboratory Manager: \_\_\_\_\_    Date: \_\_\_\_\_

Comments: \_\_\_\_\_